## Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

## A Public Document

gency Name				Date Sta	amp	California Form	202
CITY OF INDIAN WELLS							
Division, Department, or Region (if applicable)					For Official	Use Only	
reet Address							
4950 ELDORADO DRIVE							
esignated Agency Contact (Name	e, Title)			☐ Amendme	nt (Must pro	vide explanation i	n Part 3.)
ODERICK J. WOOD, INTERIM	<del></del>			<del></del>			
rea Code/Phone Number E-m	ail			Date of Origin	al Filing:	(month, day, ye	ar)
	ood@indianwells.com						
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